



United States
Environmental Protection Agency
 Washington, DC 20460

☐ Registration
☒ **X Amendment**
☐ Other

OPP Identifier Number

Application for Pesticide - Section I

| | | |
|--|--|--|
| 1. Company/Product Number Geo Logic Corporation / 71185-5 | 2. EPA Product Manager Hope Johnson | 3. Proposed Classification X None <input type="checkbox"/> Restricted |
| 4. Company/Product (Name) Geo Logic Corporation / EAC Oxytetracycline Manufacturing Use Product | PM# 21 | |
| 5. Name Geo Logic Corporation c/o Delta Analytical Corp. 12510 Prosperity Drive, Suite 160 Silver Spring, MD 20904 | 6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____ | |

Section - II

X Amendment - Explain below
☐ Resubmission in response to Agency letter dated _____
☐ Notification - Explain below.
☐ Final printed labels in response to Agency letter dated _____
☐ "Me Too" Application.
☐ Other - explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

IR-4 petition and amendment for EAC Oxytetracycline Manufacturing Use Product (EPA Reg. No. 71185-5) to establish tolerances on Olive, Walnut, black and Walnut, English. This application is being submitted with a tolerance petition submitted in connection with IR-4. Request that EPA exempt the registration service fee for this application under the IR-4 exemption provisions at FIFRA Sec 33(b)(7)(E). Contact name: Rob Jones Agent for Geo Logic Corporation; Email: rejones@delta-ac.com

Section - III

1. Material this Product will be Packaged in:

| | | | |
|--|---|--|--|
| Child-Resistant Packaging <input type="checkbox"/> Yes* For retail <input type="checkbox"/> No | Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No | Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) |
| * Certification must be submitted | If "Yes," Unit Package wgt. No. per Container | If "Yes," Unit Package wgt. No. per container | |

| | | |
|--|--------------------------------|--|
| 3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container | 4. Size(s) of Retail Container | 5. Location of Label Direction <input type="checkbox"/> On Label or: <input type="checkbox"/> On Labeling accompanying product |
| 6. Manner In Which Label Is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other: | | |

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)

| | | |
|-----------------------------|---|--|
| Name Robert Jones | Title Agent for Geo Logic Corporation | Telephone No. (Include Area Code) 301-680-7971 |
|-----------------------------|---|--|

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any kind of knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

| | | |
|--------------------------------------|--|--|
| 2. Signature | 3. Title Agent for Geo Logic Corporation | 6. Date Application Received (Stamped) |
| 4. Typed Name Robert Jones | 5. Date 08/19/20 | |